

Date subscribed and sworn to Notary Public

Indiana Professional Licensing Agency 302 West Washington Street, Room E034 Indianapolis, Indiana 46204-2700 317-232-2980 www.in.gov/pla

Date commission expires

INSTRUCTIONS: Please complete this form in its entirety and mail to the above address. No Fee Name of applicant Address (number and street, city, state, ZIP code) License number In order to activate an inactive license, a licensee must have obtained the number of qualifying continuing education hours required by the provisions of 876 IAC 3-5-1 within the two (2) years preceding the filing of the application. Please attach copies of your continuing education certificates of completion. NAME OF COURSE **CLASSROOM HOURS TOTAL NOTARY CERTIFICATE (SWORN OATH)** STATE OF \_\_\_\_\_ \_, having been duly sworn on oath, say that I am the above named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief. Signature of applicant Signature of Notary Public Printed or typed name of Notary Public Printed or typed name of applicant

County of residence